

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara Lynn

Chapter 7

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Maiden, Danny Ray & Maiden, Sara Lynn

Printed Name(s) of Debtor(s)

X

X Danny Maiden
Signature of Debtor

4-4-15
Date

Case No. (if known) _____

X

X Sara Maiden
Signature of Joint Debtor (if any)

4-4-15
Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Maiden, Danny Ray			Name of Joint Debtor (Spouse) (Last, First, Middle): Maiden, Sara Lynn		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Sara Colwell		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 1853			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 4642		
Street Address of Debtor (No. & Street, City, State & Zip Code): 313 Creekside Dr., #A Bloomington, IL			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 313 Creekside Dr., #A Bloomington, IL		
ZIPCODE 60108			ZIPCODE 60108		
County of Residence or of the Principal Place of Business: DuPage			County of Residence or of the Principal Place of Business: DuPage		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> Chapter 15 Debtor Country of debtor's center of main interests: <hr/> Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9 Recognition of a Foreign <input type="checkbox"/> Chapter 11 Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13 Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

B1 (Official Form 1) (04/13)

Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Maiden, Danny Ray & Maiden, Sara Lynn	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: Northern District Of Illinois	Case Number: 2006-	Date Filed: March, 2006	
Location Where Filed: N/A	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	
District:		Date Filed:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between; align-items: center;"> X <div style="text-align: center;"> Signature of Attorney for Debtor(s) </div> <div style="text-align: center;"> 4/4/15 Date </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 40px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 40px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

B1 (Official Form 1) (04/13)

Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Maiden, Danny Ray & Maiden, Sara Lynn

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

Danny Ray Maiden

X

Signature of Joint Debtor

Sara Lynn Maiden

(630) 607-8047

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X

Signature of Attorney for Debtor(s)

Richard F. Doerr 0648620

Law Offices of Steven H. Mevorah & Associates

**134 North Bloomingdale Road
Bloomingdale, IL 60108**

(630) 529-4761 Fax: (630) 529-7630

rdoerr@mevorahlaw.com

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara LynnChapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 65,900.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 55,252.04	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	16		\$ 75,788.43	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 5,475.56
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 5,413.00
TOTAL		31	\$ 65,900.00	\$ 131,040.47	

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara Lynn

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 5,475.56
Average Expenses (from Schedule J, Line 22)	\$ 5,413.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 5,735.50

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 14,252.04
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 75,788.43
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 90,040.47

B6A (Official Form 6A) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
 Debtor(s) (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	J	50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		BMO Harris - Checking Account No. XXXXXX3405	J	30.00
		BMO Harris - Savings Account No. XXXXXX4416	J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Residential landlord for rent	J	1,675.00
		Utility services security deposits:	J	840.00
		Electrical Service Deposit		
		Garbage Service Deposit		
		Gas Service Deposit		
		Telephone Service Deposit		
		Water and Sewer Service Deposit		
4. Household goods and furnishings, include audio, video, and computer equipment.		Miscellaneous household goods and furnishings	J	1,005.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Miscellaneous wearing apparel	J	300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Now Foods 401K Plan	H	21,000.00

B6B (Official Form 6B) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2014 Chrysler 200 automobile Condition: Good Approximate mileage: 12,000	J	20,000.00
		2014 Chrysler 200 automobile Condition: Good Approximate Mileage: 9,000	J	21,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
 Debtor(s) (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				65,900.00

(Include amounts from any continuation sheets attached.
 Report total also on Summary of Schedules.)

0 continuation sheets attached

B6C (Official Form 6C) (04/13)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. *

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on hand	735 ILCS 5 §12-1001(b)	50.00	50.00
BMO Harris - Checking Account No. XXXXXX3405	735 ILCS 5 §12-1001(b)	30.00	30.00
Residential landlord for rent	735 ILCS 5 §12-1001(b)	1,675.00	1,675.00
Utility services security deposits:	735 ILCS 5 §12-1001(b)	840.00	840.00
Electrical Service Deposit			
Garbage Service Deposit			
Gas Service Deposit			
Telephone Service Deposit			
Water and Sewer Service Deposit			
Miscellaneous household goods and furnishings	735 ILCS 5 §12-1001(b)	1,005.00	1,005.00
Miscellaneous wearing apparel	735 ILCS 5 §12-1001(a)	300.00	300.00
Now Foods 401K Plan	40 ILCS 5 §§22-230, 4-135, 6-213, 19-117	21,000.00	21,000.00
2014 Chrysler 200 automobile Condition: Good Approximate mileage: 12,000	735 ILCS 5 §12-1001(c)	2,400.00	20,000.00
2014 Chrysler 200 automobile Condition: Good Approximate Mileage: 9,000	735 ILCS 5 §12-1001(c)	2,400.00	21,000.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H—Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 4728 Ally Payment Processing Center P.O. Box 9001952 Louisville, KY 40290-1952	H	Year: 2014 Make: Chrysler Model: 200 Number of Miles: 12000 Condition: VALUE \$ 20,000.00				23,251.00	3,251.00
ACCOUNT NO. 6071 Chrysler Capital P.O. Box 660335 Dallas, TX 75266-0335	J	Year: 2014 Make: Chrysler Model: Number of miles: 9,050 Condition: VALUE \$ 41,000.00				32,001.04	11,001.04
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					

0 continuation sheets attached

Subtotal (Total of this page)	\$ 55,252.04	\$ 14,252.04
Total (Use only on last page)	\$ 55,252.04	\$ 14,252.04
(Report also on Summary of Schedules.)		(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2153 ACL Laboratories, Inc. Collection Services P.O. Box 27901 W. Allis, WI 53227	W	Medical services rendered				30.22
ACCOUNT NO. 0646 Advance Family Dental 845 S. Main Street Lombard, IL 60148	W	Dental services rendered				1,810.90
ACCOUNT NO. 8125 Advanced Beauty Solutions P.O. Box 406 Farmingdale, NY 11735-0406	W	Miscellaneous credit card purchases				119.97
ACCOUNT NO. 0834 Advanced Family Dental Lombard 8845 S. Main Street Lombard, IL 60148	H	Services rendered				340.10
Subtotal (Total of this page)						\$ 2,301.19
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

15 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2724 Adventist Health Partners P.O. Box 7001 Bolingbrook, IL 60440-7001	H	Medical services rendered - September and October, 2014.				80.00
ACCOUNT NO. 3784 Advocate Health Care Advocate Good Samaritan Hospital P.O. Box 93548 Chicago, IL 60673	H	Medical services rendered - 09/01/08				254.80
ACCOUNT NO. 4374 Advocate Health Care Advocate Good Samaritan Hospital P.O. Box 4248 Carol Stream, IL 60197-4248	W	Medical services rendered				100.00
ACCOUNT NO. 0475 Advocate Medical Group P.O. Box 92523 Chicago, IL 60675-2523	W	Medical services rendered				91.00
ACCOUNT NO. 8022 Alexian Brothers Medical Center Alcoa Billing Ctr-MEA-Elk Grove, LLC P.O. Box 740023 Cincinnati, OH 45274-0023	W	Medical services rendered				41.14
ACCOUNT NO. 0829 Amazon Store/Synchrony Bank P.O. Box 960013 Orlando, FL 32896-0013	H	Miscellaneous credit card purchases				562.07
ACCOUNT NO. 1091 Antonio J. Bravo, MD, SC Armando A. San Juan, MD 1200 S. York Rd., #4120 Elmhurst, IL 60126	W	Medical services rendered				82.52

Sheet no. 1 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,211.53**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9191 Arlington Ridge Pathology, S.C. 520 E. 22nd St Lombard, IL 60148	W	Medical services rendered.				100.00
ACCOUNT NO. 5869 Arlington Ridge Pathology, S.C. 520 E. 22nd St Lombard, IL 60148	W	Medical services rendered				225.00
ACCOUNT NO. 7676 Arlington Ridge Pathology, S.C. 520 E. 22nd St. Lombard, IL 60148	W	Medical services rendered				51.00
ACCOUNT NO. 3435 Avant Credit 640 N. LaSalle St Chicago, IL 60654	H	Miscellaneous credit purchases				1,747.00
ACCOUNT NO. 6591 Banana Republic/Synchrony Bank P.O. Box 530942 Atlanta, GA 30353-0942	H	Miscellaneous credit card purchases				660.09
ACCOUNT NO. 8708 Barclay Card Rewards MasterCard Card Services P.O. Box 8833 Wilmington, DE 19899-8833	H	Miscellaneous credit card purchases				827.12
ACCOUNT NO. 0325 Best Practices Of Northwest, SC 87 Suburban Credit Corporation P.O. Box 30640 Alexandria, VA 22310-0640	W	Medical services rendered				111.80

Sheet no. 2 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,722.01**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2916 Bloomingdale Dental Certified Services, Inc. P.O. Box 177 Waukegan, IL 60079-0177	H	Medical services rendered				464.26
ACCOUNT NO. 2842 Bloomingdale Dental Certified Services, Inc. P.O. Box 177 Waukegan, IL 60079-0177	W	Dental services rendered				880.01
ACCOUNT NO. 1819 Castello Wellnes Merchants' Credit Buide Co. 223 W. Jackson Blvd, #700 Chicago, IL 60606	W	Medical services rendered				48.40
ACCOUNT NO. 1789 Castello Wellness Merchants' Credit Guide Co. 223 W. Jackson Blvd, #700 Chicago, IL 60606	W	Medical services rendered				24.20
ACCOUNT NO. 3052 Chevron/Synchrony Bank P.O. Box 530950 Atlanta, GA 30353-0950	H	Miscellaneous credit card purchases				257.01
ACCOUNT NO. 2634 Circle Hill Apartments Cook Law Mgstrt Rolling Meadows, IL 00000		Evicted from apartment, back rent.				2,720.00
ACCOUNT NO. 3019 Com Ed CCI Contract Callers Inc. P.O. Box 212489 Augusta, GA 30917-2489	H	Services rendered				327.29

Sheet no. 3 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,721.17**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7155 Comenity Capital Bank, Re: Paypal Credit RGS Collections, Inc. P.O. Box 852039 Richardson, TX 75085-2039	H	Miscellaneous credit card purchases				733.42
ACCOUNT NO. 7076 Credit One Bank P.O. Box 98873 Las Vegas, NV 89193-8873	H	Miscellaneous credit card charges and cash advances				873.94
ACCOUNT NO. 4226 Credit One Bank P.O. Box 60500 City Of Industry, CA 91715-0500	W	Miscellaneous credit card charges and cash advances				375.29
ACCOUNT NO. 9968 Elmhurst Clinic MiraMed Revenue Group - Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304	W	Medical services rendered				20.30
ACCOUNT NO. 0127 Elmhurst Clinic, Elmhurst Memorial Div Of Elmhurst Memorial Healthcare 25847 Network Place Chicago, IL 60673-1258	W	Medical services rendered				20.00
ACCOUNT NO. 8716 Elmhurst Emergency Medical Services MiraMed Revenue Group, LLC - Dept.77304 P.O. Box 77000 Detroit, MI 48277-0304	W	Medical services rendered				208.00
ACCOUNT NO. 5967 Elmhurst Memorial Healthcare MiraMed Revenue Group - Dept. 77304 P.O. Box 77304 Detroit, MI 48277-0304	W	Medical services rendered				797.25

Sheet no. 4 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,028.20**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9678 Elmhurst Memorial Healthcare Malcolm S, Gerald And Associates, Inc. 332 South Michigan Avenue, Suite 600 Chicago, IL 60604	W	Medical services rendered				438.27
ACCOUNT NO. 5457 Elmhurst Memorial Healthcare Computer Credit, Inc. P.O. Box 4052 Carol Stream, IL 60197-4052	W	Medical services rendered				54.69
ACCOUNT NO. 4321 Elmhurst Memorial Healthcare Elmhurst Memorial Hospital P.O. Box 4052 Carol Stream, IL 60197-4052	W	Medical services rendered				134.78
ACCOUNT NO. 9707 Elmhurst Memorial Healthcare Hospital United Coll Bur/Medical Rec Spec, LLC 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018-4521	W	Medical services rendered				244.75
ACCOUNT NO. 0001 Elmhurst Radiologists, SC, NCI Northwest Collectors Inc. 3306 Algonquin Rd., Ste 232 Rolling Meadows, IL 60008-3106	W	Medical services rendered				220.00
ACCOUNT NO. 8973 Evine Live/Synchrfony Bank P.O. Box 960009 Orlando, FL 32896-0009	H	Miscellaneous credit card purchases				679.86
ACCOUNT NO. 3855 Fingerhut Advantage Berman & Rabin, P.A. P.O. Box 166 Newark, NJ 07101-0166	H	Miscellaneous credit card purchases				726.96

Sheet no. 5 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,499.31**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3700 Fingerhut Direct Mrkting, Jefferson Capital Syst LLC, FNCB, Inc. P.O. Box 51660 Sparks, NV 89435	W	Miscellaneous credit card purchases				202.37
ACCOUNT NO. 8957 First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117-5529	H	Miscellaneous credit card charges and cash advances				1,120.20
ACCOUNT NO. 4837 First Premier Bank Rushmore Service Center P.O. Box 5507 Sioux Falls, SD 57117-5507	W	Claim No. 5178-0064-1190-1715				423.82
ACCOUNT NO. uren Fox Valley Institute For Growth & Wellne 640 North River Road, Suite 108 Naperville, IL 60563-8947	W	Medical services rendered				30.00
ACCOUNT NO. 1454 GAP Gap Card/Synchrony Bank P.O. Box 530942 Atlanta, GA 30353-0942	H	Miscellaneous credit card purchases				468.99
ACCOUNT NO. 1865 Good Shepherd Hospital Medical Recovery Specialists, LLC 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018-4521	W	Medical services rendered				80.00
ACCOUNT NO. 8764 Great Amercan Finance Company GAFCO 20 North Wacker Drive, Suite 2275 Chicago, IL 60606	W	Miscellaneous furniture - Garnishment in process				2,098.20

Sheet no. 6 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,423.58**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6629 Greater Northwest Medical Group SC 1300 Busch Parkway Buffalo Grove, IL 60089-4505	W	Medical services rendered				96.00
ACCOUNT NO. A000 Gregory Castello D.O. 244 E. Roosevelt Road Lombard, IL 60148-4647	W	Medical services rendered				67.70
ACCOUNT NO. 4258 Grove Dental Associates, P.C. Baron's Creditor's Services Corp. 155 Revere Drive, Suite 9 Northbrook, IL 60062-1588	W	Medical services rendered				229.00
ACCOUNT NO. 4140 J.R.S.I., Inc. Steven J. Fink & Associates, P.C. 25 E. Washington St., Suite 1233 Chicago, IL 60602	W	Creditor lawsuit - DuPage County				937.25
ACCOUNT NO. tter James A. Pope, Attorney At Law The Comar Centre 1 S 660 Midwest Road - Suite 200 Oakbrook Terrace, IL 60181	W	Legal services rendered				3,200.00
ACCOUNT NO. 0865 Jared Galleria Of Jewelry P.O. Box 740425 Cincinnati, OH 45274-0425	W	Miscellaneous credit purchases				411.26
ACCOUNT NO. 7392 JC Penney Credit Services Synchrony Bank P.O. Box 960090 Orlando, FL 32896-0090	H	miscellaneous credit card purchases				1,219.93

Sheet no. 7 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **6,161.14**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7026 Kohl's/Capital One P.O. Box 2983 Milwaukee, WI 53201-2983	W	Miscellaneous credit card purchases				610.50
ACCOUNT NO. 5788 Leone Dermatology Center 3060 N. Arlington Heights Road Arlington Heights, IL 60004-1530	W	Medical services rendered				212.00
ACCOUNT NO. 4464 Lowe's Synchrony Bank P.O. Box 530914 Atlanta, GA 30353-0914	H	Miscellaneous credit card purchases				479.46
ACCOUNT NO. Mark E. Heimsoth, Attorney At Law 563 W. Galena Blvd. Aurora, IL 60506	W	Legal fees rendered				892.70
ACCOUNT NO. 6013 Midwest Pathology Services Dept. 4003 Carol Stream, IL 60122	W	Medical services rendered				35.00
ACCOUNT NO. 0951 Miswest Pathology Services Medical Recovery Specialists, LLC 2250 E. Devon Avenue, Ste. 352 Des Plaines, IL 60018-4521	W	Medical services rendered				35.00
ACCOUNT NO. 5382 Nicor Gas Asset Acceptance LLC P.O. Box 2036 Warren, MI 48090-2036	W	Services rendered				59.74

Sheet no. 8 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,324.40**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5271 Northwest Community Argent Healthcare Financial Services, I P.O. Box 40019 Phoenix, AZ 85067-0019	W	Medical services rendered				1,548.97
ACCOUNT NO. 2679 Northwest Community Argent Healthcare Financial Services, I P.O. Box 40019 Phoenix, AZ 85067-0019	W	Medical services rendered				2,303.68
ACCOUNT NO. 0450 Northwest Community Argent Healthcare Financial Services, I P.O. Box 40019 Phoenix, AZ 85067-0019	W	Medical services rendered				334.99
ACCOUNT NO. 5731 Northwest Community Hospital MiraMed Revenue Group, Dept. 77304 P.O. Box 77000 Detroit, MI 48277-0304	H	Medical services rendered				170.00
ACCOUNT NO. 1761 Northwest Community Hospital C.B. Accounts, Inc. P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				1,137.13
ACCOUNT NO. 0450 Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				334.99
ACCOUNT NO. 1344 Northwest Community Hospital 800 West Central Road Arlington Heights, IL 60005	W	Medical services rendered				7,277.91

Sheet no. 9 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **13,107.67**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9509 Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				644.55
ACCOUNT NO. 3766 Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				532.00
ACCOUNT NO. 2083 Northwest Community Hospital Pellettieri & Associates, LTD 991 Oak Creek Drive Lombard, IL 60148-6408	W	Medical services rendered				79.87
ACCOUNT NO. 2727 Northwest Community Hospital C.B. Accounts, Inc. P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				196.62
ACCOUNT NO. 3766 Northwest Community Hospital Pellettieri & Associates, Ltd 991 Oak Creek Drive Lombard, IL 60148-6408	W	Medical services rendered				532.00
ACCOUNT NO. 5089 Northwest Community Hospital P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				75.00
ACCOUNT NO. 6559 Northwest Community Hospital Firstsource Financial Solutions, Inc. P.O. Box 33009 Phoenix, AZ 85850-3009	W	Medical services rendered				2,363.27

Sheet no. 10 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,423.31**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8511 Northwest Community Hospital Pellettieri & Associates, LTD 991 Oak Creek Drive Lombard, IL 60148-6408	W	Medical services rendered				577.20
ACCOUNT NO. 8525 Northwest Community Hospital Pellettieri & Associates, Ltd. 991 Oak Creek Drive Lombard, IL 60148-6408	W	Medical services rendered				340.98
ACCOUNT NO. 9509 Northwest Community Hospital C.B. Accounts, Inc. P.O. Box 95698 Chicago, IL 60694-5698	W	Medical services rendered				644.55
ACCOUNT NO. iple Northwest Community Hospital Firstsource Financial Solutions, LLC P.O. Box 33009 Phoenix, AZ 85067-3009	W	Medical services rendered				8,593.01
ACCOUNT NO. 2741 Northwest Community Hospital, C.B. Accts First Source Healthcare Advantage, Inc. P.O. Box 40019 Phoenix, AZ 85067-0019	W	Medical services rendered				1,791.10
ACCOUNT NO. 5869 Northwest Radiology Associates, SC 520 E. 22nd St. Lombard, IL 60148	W	Medical services rendered				695.00
ACCOUNT NO. 2741 Northwest Radiology Associates, SC 520 E. 22nd St. Lombard, IL 60148	W	Medical services rendered				147.00

Sheet no. 11 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **12,788.84**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1344 Northwest Radiology Associates, SC 520 E. 22nd St. Lombard, IL 60148	W	Medical services rendered				503.00
ACCOUNT NO. 2679 Northwest Radiology Associates, SC 520 E. 22nd St. Lombard, IL 60148	W	Medical services rendered				57.00
ACCOUNT NO. 1001 Northwest Suburban Anesth Medical Business Bureau, LLC P.O. Box 1219 Park Ridge, IL 60068-7219	W	Medical services rendered				831.00
ACCOUNT NO. 5352 Northwest Women's Consultants FFCC-Columbus, Inc. P.O. Box 20790 Columbus, OH 43220-0790	W	Medical services rendered				320.00
ACCOUNT NO. 7342 Old Navy /Synchrony Bank P.O. Box 530942 Atlanta, GA 30353-0942	H	Miscellaneous credit card purchases				405.22
ACCOUNT NO. 5885 Orthopaedic Associates, S.C. 1300 East Central Rd. Arlington Hts., IL 60005-2857	W	Medical services rendered				252.00
ACCOUNT NO. 7155 Pay Pal Credit Comenity Capital Bank P.O. Box 105658 Atlanta, GA 30348-5658	H	Miscellaneous credit card purchases				733.42

Sheet no. 12 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,101.64**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6027 Phillips 66 Co SYNCB P.O. Box 530942 Atlanta, GA 30353-0942	H	Miscellaaneous credit card chargews and cash advances				722.82
ACCOUNT NO. 3330 Podiatric Management Systems LLC 30 S. Michigan Avenue, Suite #503 Chicago, IL 60603-3218	W	Medical services rendered				315.70
ACCOUNT NO. 8944 Quest Diagnostics P.O. Box 64804 Baltimore, MD 21264-4804	W	Medical services rendered				221.20
ACCOUNT NO. 9411 Quest Diagnostics, Credit Collection Ser Payment Processing Center - 27 P.O. Box 55126 Boston, MA 02205-5126	W	Medical services rendered				117.70
ACCOUNT NO. 1864 Ronald H. Stefani, Jr., M.C., F.A.C.S., Plastic Reconstructive And Hand Surgery 629 South Main Street Lombard, IL 60148	W	Medical services rendered				65.00
ACCOUNT NO. 8973 ShopHQ/Synchrony Bank P.O. Box 960009 Orlando, FL 32896-0009	H	Miscellaneous credit purchases				665.93
ACCOUNT NO. 8841 Sprint Convergent Outsourcing, Inc. 10750 Hammerly Blvd, #200 Houston, TX 77043	W	Communication services rendered				238.36

Sheet no. 13 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,346.71**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2209 Sterling Jerwelers, Inc. DBA Kay Jeweler Blitt And Gaines, P.C. 661 Glenn Avenue Wheeling, IL 60090	H	Miscellaneous credit card purchases				1,281.80
ACCOUNT NO. 3330 Suburban Podiatry Associates, P.C. Gregory Jansyn DPM 303 E. Army Trail Road, Ste. 101 Bloomington, IL 60108-2169	W	Medical services rendered				315.70
ACCOUNT NO. 7434 Target Card Services P.O., Box 660170 Dallas, TX 75266-0170	H	Miscellaneous credit card purchases				954.53
ACCOUNT NO. 7434 Target Card Services P.O., Box 660170 Dallas, TX 75266-0170	H	Miscellaneous credit card purchases				867.41
ACCOUNT NO. 1746 Target Credit Card Services P.O. Box 660170 Dallas, TX 75266-0170	W	Miscellaneous credit card purchases				578.71
ACCOUNT NO. 1454 The Gap Synchrony Bank P.O. Box 965003 Orlando, FL 32896	H	Miscellaneous credit card purchases				433.99
ACCOUNT NO. 9452 The Room Place, GAFCO Great American Finance Company 20 North Wacker Drive, Suite 2275 Chicago, IL 60606-3096	H	Furniture purchase				2,058.63

Sheet no. 14 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **6,490.77**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6616 U. S. Cellular Debt Recovery Solutions, LLC P.O. Box 9001 Westbury, NY 11590-9001	W	Communication services rendered				142.39
ACCOUNT NO. 7268 US Bank P.O. Box 5227 Cincinnati, OH 45201	H	Miscellaneous credit card charges and cash advances				778.31
ACCOUNT NO. Verizon Wireless, Mcm Midland Credit Management, Inc. P.O. Box 60578 Los Angeles, CA 90060-0578	W	Communication services rendered				1,025.78
ACCOUNT NO. 1133 Wal*Mart, Central Credit Services LLC P.O. Box 530927 Atlanta, GA 30353-0927	H	Miscellaneous credit card charges and cash advances				593.79
ACCOUNT NO. 5242 Wal*Mart/Synchrony Bank P.O. Box 530927 Atlanta, GA 30353-0927	W	Miscellaneous credit card purchases				596.69
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 15 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,136.96**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$ **75,788.43**

B6G (Official Form 6G) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Debtor(s)

Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Patrick Combs P. O. Box 5720 Glendale Heights, IL 60139	Residential Lease Security Deposit - \$1675.00 Expires: 05/17/2016 Monthly Rent: \$1675.00

B6H (Official Form 6H) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn

Debtor(s)

Case No. _____

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 Danny Ray Maiden
First Name Middle Name Last Name

Debtor 2 Sara Lynn Maiden
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Machine Helper

Driver Manager

Employer's name

Now Foods

Blackhawk Transport

Employer's address

395 S. Glen Ellyn Road
Number Street

2200 E. Pratt Blvd
Number Street

Bloomington, IL 60108-0000
City State ZIP Code

Elk Grove Village, IL 60007-0000
City State ZIP Code

How long employed there? 4 years and 6 months

4 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>2,538.56</u>	\$ <u>3,641.67</u>

3. Estimate and list monthly overtime pay.

3.	+ \$ <u>186.07</u>	+ \$ <u>0.00</u>
----	--------------------	------------------

4. Calculate gross income. Add line 2 + line 3.

4.	\$ <u>2,724.63</u>	\$ <u>3,641.67</u>
----	--------------------	--------------------

Debtor 1 Danny Ray Maiden
First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ <u>2,724.63</u>	\$ <u>3,641.67</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>419.87</u>	\$ <u>772.71</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>108.99</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>10.09</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>89.25</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. + \$ <u>699.48</u>	+ \$ <u>90.26</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>1,327.76</u>	\$ <u>862.98</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>1,396.87</u>	\$ <u>2,778.69</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>1,300.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>1,300.00</u>	\$ <u>0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,696.87</u>	\$ <u>2,778.69</u>
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>5,475.56</u>	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>one party will be out of work as of April 1, 2015 if unable to find a new job.</u>		

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Debtor(s) Case No. _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
BCMC	265.11	0.00
GAR	133.73	0.00
Med	120.47	0.00
MetDP	46.84	0.00
Q	121.03	0.00
Vis	12.35	0.00
Flex Spending Account	0.00	90.26

Fill in this information to identify your case:

Debtor 1 Danny Ray Maiden
First Name Middle Name Last Name

Debtor 2 Sara Lynn Maiden
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

23

- ☐ No
- ☒ Yes

Daughter

19

- ☐ No
- ☒ Yes

Daughter

10

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,675.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1 **Danny Ray Maiden**
First Name Middle Name Last Name

Case number (if known) _____

	Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>45.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>175.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>600.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>200.00</u>
10. Personal care products and services	10. \$ <u>100.00</u>
11. Medical and dental expenses	11. \$ <u>600.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>180.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>80.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>175.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>653.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>500.00</u>
17c. Other. Specify: <u>Pet Medical Insurance</u>	17c. \$ <u>100.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>80.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 **Danny Ray Maiden**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0.00

22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses.

22. \$ 5,413.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5,475.56

23b. Copy your monthly expenses from line 22 above.

23b. - \$ 5,413.00

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ 62.56

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Maiden, Danny Ray & Maiden, Sara Lynn Case No. _____
Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 4-4-15 Signature: Danny Ray Maiden Debtor
Date: 4.4.15 Signature: Sara Lynn Maiden (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address _____

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara Lynn

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
7,798.00	2015 Year to Date Income - Husband
28,119.45	2014 Income - Husband
29,150.00	2013 Income - Husband
10,615.00	2015 Year to Date Income - Wife
42,313.00	2014 Income - Wife
30,300.00	2013 Income - Wife

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
1,200.00	2015 Year to Date - Child Support - Wife
31,200.00	2014 Child Support Income - Wife
31,200.00	2013 Child Support Income - Wife

3. Payments to creditors

Complete a. or b., as appropriate, and c.

☐ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Ally Financial P.O. Box 900952 Louisville, KY 40290-1951	March, 2015 February, 2015 January, 2015	1,959.00	32,000.00
2014 Chrysler 2000 automobile (Black) Chrysler Capital P.O. Box 961275 Fort Worth, TX 76161-0000	March, 2015 February, 2015 January, 2015	1,500.00	23,251.00
2014 Chrysler 2000 (2)			

☒ **b. Debtor whose debts are not primarily consumer debts:** List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

☒ **c. All debtors:** List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

☐ **a. List all suits and administrative proceedings to which the debtor is or was a party within one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
JRSI Inc. vs. Maiden/Colwell 12 SC 4140	Collection	Circuit Court of DuPage County Wheaton, IL	Judgement entered - \$937.00 - 08/21/2012: Wage deduction pending

☐ **b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
JRSI Inc Steven J. Fink & Associates 25 E. Washington St. Ste. 1233 Chicago, IL 60601	End of January, 2015	Income being garnished weekly from Husband's paycheck

5. Repossessions, foreclosures and returns

☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

☐ None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Mevorah Law Offices LLC	February, 2015	2,200.00
134 N. Bloomingdale Road		
Bloomington, IL 60108-0000		
Legal representation regarding bankruptcy		
U. S. Bankruptcy Court	March, 2015	335.00
219 S. Dearborn		
Chicago, IL 60604		
Chapter 7 Bankruptcy filing fee		

10. Other transfers

☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

☐ None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

☐ None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

☐ None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
342 West St. Charles Road, Apt. A, Lombard, IL 60148	Maiden	2011 - approximately June, 2013

16. Spouses and Former Spouses

☐ None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

☐ None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

☐ None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

☐ None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

☐ None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

☐ None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: 4-4-15 Signature of Debtor: Danny Maiden **Danny Ray Maiden**
Date: 4-4-15 Signature of Joint Debtor (if any): Sara Lynn Maiden **Sara Lynn Maiden**

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

B8 (Official Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara Lynn

Chapter 7

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Ally	Describe Property Securing Debt: 2014 Chrysler 2000 automobile
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Chrysler Capital	Describe Property Securing Debt: 2014 Chrysler 2000 automobile
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Patrick Combs	Describe Leased Property: Residential Lease	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

1 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: X 4/4/15

X Danny Maiden
Signature of Debtor

X Sara Maiden
Signature of Joint Debtor

United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Maiden, Danny Ray & Maiden, Sara Lynn

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 93

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 4/14/15

Debtor

Danny Maiden

Joint Debtor

Sara & Maiden

Maiden, Danny Ray
313 Creekside Dr., #A
Bloomington, IL 60108

Advocate Medical Group
P.O. Box 92523
Chicago, IL 60675-2523

Best Practices Of Northwest, SC 87
Suburban Credit Corporation
P.O. Box 30640
Alexandria, VA 22310-0640

Maiden, Sara Lynn
313 Creekside Dr., #A
Bloomington, IL 60108

Alexian Brothers Medical Center
Alcoa Billing Ctr-MEA-Elk Grove, LLC
P.O. Box 740023
Cincinnati, OH 45274-0023

Bloomington Dental
Certified Services, Inc.
P.O. Box 177
Waukegan, IL 60079-0177

Law Offices of Steven H. Mevorah
& Associates
134 North Bloomington Road
Bloomington, IL 60108

Ally
Payment Processing Center
P.O. Box 9001952
Louisville, KY 40290-1952

Castello Wellnes
Merchants' Credit Buide Co.
223 W. Jackson Blvd, #700
Chicago, IL 60606

ACL Laboratories, Inc.
Collection Services
P.O. Box 27901
W. Allis, WI 53227

Amazon Store/Synchrony Bank
P.O. Box 960013
Orlando, FL 32896-0013

Castello Wellness
Merchants' Credit Guide Co.
223 W. Jackson Blvd, #700
Chicago, IL 60606

Advance Family Dental
845 S. Main Street
Lombard, IL 60148

Antonio J. Bravo, MD, SC
Armando A. San Juan, MD
1200 S. York Rd., #4120
Elmhurst, IL 60126

Chevron/Synchrony Bank
P.O. Box 530950
Atlanta, GA 30353-0950

Advanced Beauty Solutions
P.O. Box 406
Farmingdale, NY 11735-0406

Arlington Ridge Pathology, S.C.
520 E. 22nd St
Lombard, IL 60148

Chrysler Capital
P.O. Box 660335
Dallas, TX 75266-0335

Advanced Family Dental Lombard
8845 S. Main Street
Lombard, IL 60148

Arlington Ridge Pathology, S.C.
520 E. 22nd St.
Lombard, IL 60148

Circle Hill Apartments
Cook Law Mngstr
Rolling Meadows, IL 00000

Adventist Health Partners
P.O. Box 7001
Bolingbrook, IL 60440-7001

Avant Credit
640 N. LaSalle St
Chicago, IL 60654

Com Ed
CCI Contract Callers Inc.
P.O. Box 212489
Augusta, GA 30917-2489

Advocate Health Care
Advocate Good Samaritan Hospital
P.O. Box 93548
Chicago, IL 60673

Banana Republic/Synchrony Bank
P.O. Box 530942
Atlanta, GA 30353-0942

Comenity Capital Bank, Re: Paypal Credit
RGS Collections, Inc.
P.O. Box 852039
Richardson, TX 75085-2039

Advocate Health Care
Advocate Good Samaritan Hospital
P.O. Box 4248
Carol Stream, IL 60197-4248

Barclay Card Rewards MasterCard
Card Services
P.O. Box 8833
Wilmington, DE 19899-8833

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

Credit One Bank
P.O. Box 60500
City Of Industry, CA 91715-0500

Evine Live/Synchrfony Bank
P.O. Box 960009
Orlando, FL 32896-0009

Gregory Castello D.O.
244 E. Roosevelt Road
Lombard, IL 60148-4647

Elmhurst Clinic
MiraMed Revenue Group - Dept. 77304
P.O. Box 77000
Detroit, MI 48277-0304

Fingerhut Advantage
Berman & Rabin, P.A.
P.O. Box 166
Newark, NJ 07101-0166

Grove Dental Associates, P.C.
Baron's Creditor's Services Corp.
155 Revere Drive, Suite 9
Northbrook, IL 60062-1588

Elmhurst Clinic, Elmhurst Memorial
Div Of Elmhurst Memorial Healthcare
25847 Network Place
Chicago, IL 60673-1258

Fingerhut Direct Mrketing, Jefferson
Capital Syst LLC, FNCB, Inc.
P.O. Box 51660
Sparks, NV 89435

J.R.S.I., Inc.
Steven J. Fink & Associates, P.C.
25 E. Washington St., Suite 1233
Chicago, IL 60602

Elmhurst Emergency Medical Services
MiraMed Revenue Group, LLC - Dept.77304
P.O. Box 77000
Detroit, MI 48277-0304

First Premier Bank
P.O. Box 5529
Sioux Falls, SD 57117-5529

James A. Pope, Attorney At Law
The Comar Centre
1 S 660 Midwest Road - Suite 200
Oakbrook Terrace, IL 60181

Elmhurst Memorial Healthcare
MiraMed Revenue Group - Dept. 77304
P.O. Box 77304
Detroit, MI 48277-0304

First Premier Bank
Rushmore Service Center
P.O. Box 5507
Sioux Falls, SD 57117-5507

Jared Galleria Of Jewelry
P.O. Box 740425
Cincinnati, OH 45274-0425

Elmhurst Memorial Healthcare
Malcolm S, Gerald And Associates, Inc.
332 South Michigan Avenue, Suite 600
Chicago, IL 60604

Fox Valley Institute For Growth & Wellne
640 North River Road, Suite 108
Naperville, IL 60563-8947

JC Penney Credit Services
Synchrony Bank
P.O. Box 960090
Orlando, FL 32896-0090

Elmhurst Memorial Healthcare
Computer Credit, Inc.
P.O. Box 4052
Carol Stream, IL 60197-4052

GAP Gap Card/Synchrony Bank
P.O. Box 530942
Atlanta, GA 30353-0942

Kohl's/Capital One
P.O. Box 2983
Milwaukee, WI 53201-2983

Elmhurst Memorial Healthcare
Elmhurst Memorial Hospital
P.O. Box 4052
Carol Stream, IL 60197-4052

Good Shepherd Hospital
Medical Recovery Specialists, LLC
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018-4521

Leone Dermatology Center
3060 N. Arlington Heights Road
Arlington Heights, IL 60004-1530

Elmhurst Memorial Healthcare Hospital
United Coll Bur/Medical Rec Spec, LLC
2250 E. Devon Ave., Ste. 352
Des Plaines, IL 60018-4521

Great Amercan Finance Company
GAFCO
20 North Wacker Drive, Suite 2275
Chicago, IL 60606

Lowe's
Synchrony Bank
P.O. Box 530914
Atlanta, GA 30353-0914

Elmhurst Radiologists, SC, NCI
Northwest Collectors Inc.
3306 Algonquin Rd., Ste 232
Rolling Meadows, IL 60008-3106

Greater Northwest Medical Group SC
1300 Busch Parkway
Buffalo Grove, IL 60089-4505

Mark E. Heimsoth, Attorney At Law
563 W. Galena Blvd.
Aurora, IL 60506

Midwest Pathology Services
Dept. 4003
Carol Stream, IL 60122

Northwest Community Hospital
Firstsource Financial Solutions, LLC
P.O. Box 33009
Phoenix, AZ 85067-3009

Phillips 66 Co
SYNCB
P.O. Box 530942
Atlanta, GA 30353-0942

Miswest Pathology Services
Medical Recovery Specialists, LLC
2250 E. Devon Avenue, Ste. 352
Des Plaines, IL 60018-4521

Northwest Community Hospital
800 West Central Road
Arlington Heights, IL 60005

Podiatric Management Systems LLC
30 S. Michigan Avenue, Suite #503
Chicago, IL 60603-3218

Nicor Gas
Asset Acceptance LLC
P.O. Box 2036
Warren, MI 48090-2036

Northwest Community Hospital, C.B. Accts
First Source Healthcare Advantage, Inc.
P.O. Box 40019
Phoenix, AZ 85067-0019

Quest Diagnostics
P.O. Box 64804
Baltimore, MD 21264-4804

Northwest Community
Argent Healthcare Financial Services, I
P.O. Box 40019
Phoenix, AZ 85067-0019

Northwest Radiology Associates, SC
520 E. 22nd St.
Lombard, IL 60148

Quest Diagnostics, Credit Collection Ser
Payment Processing Center - 27
P.O. Box 55126
Boston, MA 02205-5126

Northwest Community Hospital
Pellettieri & Associates, LTD
991 Oak Creek Drive
Lombard, IL 60148-6408

Northwest Suburban Anesth
Medical Business Bureau, LLC
P.O. Box 1219
Park Ridge, IL 60068-7219

Ronald H. Stefani, Jr., M.C., F.A.C.S.,
Plastic Reconstructive And Hand Surgery
629 South Main Street
Lombard, IL 60148

Northwest Community Hospital
C.B. Accounts, Inc.
P.O. Box 95698
Chicago, IL 60694-5698

Northwest Women's Consultants
FFCC-Columbus, Inc.
P.O. Box 20790
Columbus, OH 43220-0790

ShopHQ/Synchrony Bank
P.O. Box 960009
Orlando, FL 32896-0009

Northwest Community Hospital
P.O. Box 95698
Chicago, IL 60694-5698

Old Navy /Synchrony Bank
P.O. Box 530942
Atlanta, GA 30353-0942

Sprint
Convergent Outsourcing, Inc.
10750 Hammerly Blvd, #200
Houston, TX 77043

Northwest Community Hospital
Firstsource Financial Solutions, Inc.
P.O. Box 33009
Phoenix, AZ 85850-3009

Orthopaedic Associates, S.C.
1300 East Central Rd.
Arlington Hts., IL 60005-2857

Sterling Jewelers, Inc. DBA Kay Jeweler
Blitt And Gaines, P.C.
661 Glenn Avenue
Wheeling, IL 60090

Northwest Community Hospital
Pellettieri & Associates, Ltd.
991 Oak Creek Drive
Lombard, IL 60148-6408

Patrick Combs
P. O. Box 5720
Glendale Heights, IL 60139

Suburban Podiatry Associates, P.C.
Gregory Jansyn DPM
303 E. Army Trail Road, Ste. 101
Bloomington, IL 60108-2169

Northwest Community Hospital
MiraMed Revenue Group, Dept. 77304
P.O. Box 77000
Detroit, MI 48277-0304

Pay Pal Credit
Comenity Capital Bank
P.O. Box 105658
Atlanta, GA 30348-5658

Target Card Services
P.O., Box 660170
Dallas, TX 75266-0170

Target Credit Card Services
P.O. Box 660170
Dallas, TX 75266-0170

The Gap
Synchrony Bank
P.O. Box 965003
Orlando, FL 32896

The Room Place, GAFCO
Great American Finance Company
20 North Wacker Drive, Suite 2275
Chicago, IL 60606-3096

U. S. Cellular
Debt Recovery Solutions, LLC
P.O. Box 9001
Westbury, NY 11590-9001

US Bank
P.O. Box 5227
Cincinnati, OH 45201

Verizon Wireless, Mcm
Midland Credit Management, Inc.
P.O. Box 60578
Los Angeles, CA 90060-0578

Wal*Mart, Central Credit Services LLC
P.O. Box 530927
Atlanta, GA 30353-0927

Wal*Mart/Synchrony Bank
P.O. Box 530927
Atlanta, GA 30353-0927